C-8000

SINGLE BUSINESS TAX ANNUAL RETURNIssued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

1998

▶ 1 This return is for calendar year 1998 or for the following tax year	▶ 5 Federal Employer	ID No. (FEIN) or TR No.	
Beginning Date Ending Date		, ,	
month year month year	0 0 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	
1998 1998 2 Name (Type or Print)	6a Check this box if		
2 Name (Type of Film)	b Check this box if		
d/b/a	7 Business Start Date		
	7 Business clart Batt		
Street Address	8 Principal Business	Activity	
City, State, ZIP	▶ 9 Organization Typ	e (check one)	
➤ 3 Check this box if you are filing a Michigan consolidated return.	a. Individual	b. [Fiduciary
Enter authorization number	c. Professional	Corporation d.	S-Corporation
4 Check this box if you are a member of a controlled group (see instruction book).	e. Other Corpor	ation f.	Partnership
Greek this box if you are a member of a controlled group (see instruction book).	∫ g. ☐ Limited Liabil	ity Company	
Check this box if someone else prepares your return and yo	ou DO NOT need a bo	ook mailed to you.	>
10 Gross receipts	······ 1 0 —	.00	
11 Business income. Filers using the Short-Method, go to C-8000S,	line 9	11_).
COMPENSATION			
12 Salaries, wages and other payments to employees	······ 12	.00	
13 Employee insurance plans - health, life	······· > 13———	.00	
14 Pension, retirement, profit sharing plans	······ 1 4	.00	
15 Other payments - supplemental unemployment benefit trust, etc.			
16 Total Compensation. Add lines 12 - 15	,		
ADDITIONS (to the extent deducted in arriving at business incon	ne)		
17 Depreciation and other write-off of tangible assets	······· > 17	.00	
18 Taxes imposed on or measured by income (city, state, foreign)	▶ 18	.00	
19 Single business tax	19	.00	
20 Dividends, interest and royalty expenses			
21 Capital loss carryover or carryback			
22 Net operating loss carryover or carryback			
23 Gross interest and dividend income from bonds and similar oblig			
issued by states other than Michigan and its political subdivisions		.00	
24 Any deduction or exclusion due to classification as FSC or simila			
classification and expenses of financial organizations (see inst.)		.00	
25 Losses from partnerships. Account no.			
26 Total Additions . Add lines 17 - 25	,		
27 Subtotal . Add lines 11, 16 and 26			
SUBTRACTIONS			
28 Dividends, interest and royalty income included in business incor	me > 28	.00	
29 Capital losses not deducted in arriving at business income	,		
30 Income from partnerships included in business income,	, 20		
Account no	> 30	.00	
31 Total Subtractions. Add lines 28 - 30			ا.
TAX BASE		31-	
32 Tax Base . Subtract line 31 from line 27		32	
33 Apportioned Tax Base. Multiply line 32 by % (from the content of the c			
00 1-FF 1330110 100 200 1 100 00 01 100 00 01		33 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	Go to page

63 What amount did you enter on page 2, line 59?PAY THIS AMOUNT .00 ▶63

Attachments: Attach copies of the federal forms listed in the instructions to your return. Also attach all required SBT schedules.

Payment: Payable to "State of Michigan." Write your FEIN on the check.

www.treasury.state.mi.us

Michigan Dept. of Treasury Mail to: P.O. Box 30059 Lansing, MI 48909



TAX BASE				`
34 What amount did you enter on line 32 or 33 (w	hichever applies)?		34	.00
	,			
ADJUSTMENTS				
35 Capital acquisition deduction (C-8000D, line 7		·		
36 Recapture of capital acquisition deduction (from				
37 Net capital acquisition deduction. Subtract line			37	000
NOTE: A negative amount on line 37 will increa	-			
38 ADJUSTED TAX BASE BEFORE loss deduction				00
Subtract (if negative add) line 37 from line 34			≯38	.00
If negative, this is a business loss carryforward	•	_	20	00
39 Business loss deduction				
40 Adjusted Tax base before Statutory Exempt	tion. Subtract line 39	10111 line 36	40	
STATUTORY EXEMPTION Complete and attach	the Statutory Exemp	tion Schedule (forn	n C-8043).	
41 Allowable statutory exemption (from form C-80				.00
42 Adjusted Tax Base. Subtract line 41 from line	40 Check if C-80000	3 is attached ▶	a 42	.00
12 Adjusted fux Bussi Subtract line 11 from line	7 10. OHOOK II O 0000K	o lo allaorioa	12	
REDUCTIONS, CREDITS, TAX				
43 Reduction to adjusted tax base, if applicable (s	ee instructions for forn	n C-8000S)	43	.00
44 Taxable base. Subtract line 43 from line 42. If				
enter the amount from form C-8000S, line 14		•		.00
45 Tax Before Credits. Multiply line 44 by 2.3% (.023)		▶ 45	.00
The small business and contribution credits are before continuing. If you are not filing a C-8000	_	•		
before continuing. If you are not filling a C-8000	C, enter the amount i	ioni iiile 45 on iiile	40.	
46 Enter either the amount from form C-8000, line				
47 Unincorporated/S-corp. credit. Multiply line 46				
48 Nonrefundable credits from C-8000MC, line 64				
49 Add lines 47 and 48				
50 Tax After Nonrefundable Credits. Subtract lir	ne 49 from line 46			.00
PAYMENTS AND TAX DUE				
51 Overpayment credited from 1997		E4	.00	
52 Estimated tax payments				
53 Tax paid with request for extension				
54 Refundable credits from C-8000MC, line 12				
55 Total. Add lines 51 - 54				.00
56 TAX DUE. Subtract line 55 from line 50. If less				
57 Underpaid estimate penalty and interest from f				
58 Annual return penalty at % =				
59 Payment Due. Add lines 56 - 58. Enter this a				
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YOUR REFUND or OVERPAYMENT				
60 Overpayment. Subtract line 50 from line 55			60	.00
61 How much of the amount on line 60 do you wa	nt refunded to you?		▶ 61	.00
62 How much of the amount on line 60 do you wa	nt credited forward?		▶ 62	
SIGNATURE, DECLARATION AND AUTHORIZA	TION			
TAXPAYER'S DECLARATION		PREPARER'S DE	CL ARATION	
I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.		I declare, under penalty	y of perjury, that this re	turn is based on all information
		of which I have any known Preparer's Signature	owiedge.	
☐ I authorize Treasury to discuss my return with my prepare	er.	Freparer's Signature		
Do not discuss my return with my preparer. Taxpayer's Signature		Print or Type Preparer's	Name	Date
Takeyor o dignaturo		I mitor Type Trepaters	Hamo	Dale
Print or Type Taxpayer's Name	Date	Business Address, Phor	ne and Identification Nu	ımber
Title	I	†		

This return is due April 30, or on or before the last day of the 4th month after the close of your tax year.